PATENT APPLICATION FEE DETERMINATION RECORD

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Effective October 1, 2000

Application or Docket Number

2000-0027-CIPI

CLAIMS AS FILED - PART							SMALL ENTITY			OTHER THAN		
			(Column 1)		(Column 2)		TYPE :		OR	SMALL		
TOTAL CLAIMS			20				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			⊘ Ø minus 20=		. 0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		• Ø		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESEN							+135=		OR	+270=		
* If the difference in column 1 is less than zero, ent					r "0" in c	olumn 2	TOTAL		OR	TOTAL	7100	
	C	LAIMS AS A	MENDED	- PAR	T II	5.20				OTHER		
		(Column 1)	(Colum		mn 2)	(Column 3)	mn 3) SMALL E		OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***	F (C) A 13.4	=	X40=		OR	X80=		
Ļ	FIRST PRESE	NTATION OF M	OLUPLE DEF	ENDEN	CLAIM		+135=		OR	+270=		
				TOTAL			TOTAL ADDIT. FEE					
		ADDIT. FEE			ADVII. FEE							
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	mn 2) HEST IBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	X40=		OR	X80=		
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEF	'ENDEN	CLAIM		+135=		OR	+270=		
							TOTAL		OR	TOTAL		
							ADDIT. FEE	<u> </u>	10U	ADDIT. FEE	<u> </u>	
	F2 7.37/23	(Column 1) CLAIMS			mn 2) HEST	(Column 3)			1		Τ	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	X\$ 9=		OR	X\$18=		
	Independent	•	Minus	***		=	X40=		OR	X80=		
<u> Ľ</u>	FIRST PRESENTATION OF MULTIPLE DEPENDEN				T CLAIM				1		 	
	If the entry in colu	ımn 1 is less than	the entry in col	ımn 2 weit	'e "Λ" in α	olumn 3	÷135=	ļ	OR	+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
1	The "Highest Nur	mber Previously Pa	aid For" (Total o	or Independ	dent) is th	e highest numbe	r found in the ap	propriate bo	x in co	olumn 1.		